

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Application No. : 09/896,836
Applicant : LEYSIEFFER, HANS
Filed : JULY 2, 2001
Title : SYSTEM FOR REHABILITATION OF A HEARING DISORDER

Art Unit : 2654
Examiner : HARPER, V. PAUL

Atty Docket No. : COCH-0182-US1

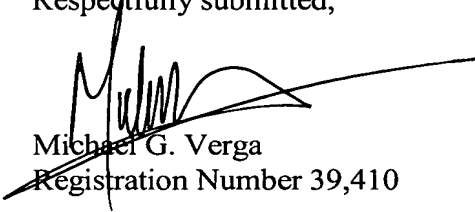
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The below-identified communication(s) is (are) submitted in the above-captioned application or proceeding:

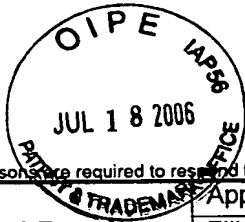
- ☒ Revocation of Power of Attorney with New Power of Attorney and
Change of Correspondence Address (1 page)

Respectfully submitted,


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Registration Number 39,410

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July 17, 2006



PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035
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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/896,836
Filing Date	July 2, 2001
First Named Inventor	LEYSIEFFER, Hans
Art Unit	2654
Examiner Name	HARPER, V. Paul
Attorney Docket Number	COCH-0182-US1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 22,506☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

22,506

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Jagtiani + Guttag				
Address	10363-A Democracy Lane				
Address					
City	Fairfax	State	VA	Zip	22030
Country	United States				
Telephone	703.591.2664	Fax	703.591.5907		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

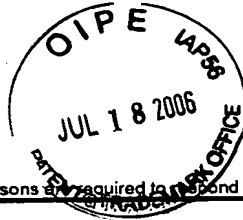
Name	Jayne Andrews		
Signature			
Date	17 JULY 2006	Telephone	011-61-294286555

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Leysieffer, et al.Application No./Patent No.: 09/896,836 Filed/Issue Date: July 2, 2001Entitled: System for Rehabilitation of a Hearing DisorderCochlear Limited, a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Hans Leysieffer and Bernd Waldmann To: Implex Aktiengesellschaft Hearing Technology
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: Implex AG Hearing Technology To: Cochlear Limited
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

17 JULY 2006

Date

011-61-294286555

Telephone number

Jayne Andrews

Typed or printed name

Signature

Patent Manager

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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